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**Bib Data Sheet** 

**CONFIRMATION NO. 9731** 

| SERIAL NUMB<br>10/068,160  | FILING OR 371(c) DATE 10/068,160  FILING OR 371(c) DATE 02/06/2002 RULE                       |   | CLASS<br>514                   |                           | GROUP ART UNIT<br>1632 |   |                       | ATTORNEY<br>DOCKET NO.<br>4239-61997 |                            |
|--|---|---|--------------------------------|---------------------------|------------------------|---|-----------------------|--------------------------------------|----------------------------|
| Daniela Ve<br>Ken Ishii, F<br>James J. M<br>Mayda Gur<br>** CONTINUING<br>This applic<br>which is a 3<br>which clain                                   | erthely<br>Rockv<br>Mond,<br>rsel, F<br>DATA<br>eation<br>371 ons be                          | Potomac, MD; vi, Potomac, MD; vil, Potomac, MD; sille, MD; Silver Spring, MD; Rockville, MD; A ************************************ | 10/07/20<br>12/2000<br>12/1999 |                           |                        | w.  |                       |                                      |                            |
| Foreign Priority claimed  35 USC 119 (a-d) conditions yes no no Met after met  Verified and Acknowledged Examiner's Signature Initials  ADDRESS  36218 |   |   |                                | STATE OR<br>COUNTRY<br>MD | SHEETS<br>DRAWING<br>7 |   | TOTAL<br>CLAIMS<br>59 |                                      | INDEPENDENT<br>CLAIMS<br>1 |
| TITLE  | otide   | and its use to induce a   | n immun                        | e response                |                        |   | ·                     |                                      |                            |
| RECEIVED   | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: |   |                                |                           | NT                     | All Fees  1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time)  1.18 Fees (Issue)  Other  Credit |                       |                                      |                            |